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ABSTRACT

Text, illustrations, and exercises are utilized in this set of three learning modules designed to instruct medical secretaries and clerks in various job-related skills. The first module, "Completion of a New Patient Registration Form" by Betty R. Kisbey, details the information which should be included in a new patient registration form; discusses the informational and legal importance of this data; and examines means of collecting this data, such as interviewing the patient or having him/her fill out the form. The second module, "Basic Letter Styles Used in the Medical Office" by Katherine Lorson, identifies the component parts of the business letter and describes the block and modified block letter styles. The third module, "Preparing a Patient Information Brochure" by Rose M. Hall, discusses the information that should be included in an informational brochure designed for the patients of a physician in general practice. Each of the illustrated modules provides sequential reinforcement exercises and concludes with a post-test and an accompanying answer key. The time required to complete the modules ranges from 30 minutes to an hour. (JP)

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JC 810 312

HEALTH INSTRUCTION PACKAGES:

Medical Assisting

Modules prepared by:

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A Project of the League for Innovation in the Community College

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A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

COMPLETION OF A NEW PATIENT REGISTRATION FORM

by

Betty R. Kisbey, R.N., CMA-AC

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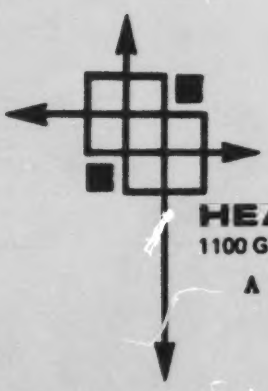
TITLE:	Completion of a New Patient Registration Form
AUTHOR:	Betty R. Kisbey
INSTITUTION:	College of Alameda, Calif.
INTENDED STUDENTS:	Medical assisting; ward clerk; medical secretary; clinic assistant; medical clerk
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	Nov. 1, 1977



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INTRODUCTION

It is the objective of this package to have you learn how to complete accurately a new patient registration form.

Every patient must have a registration form completed and inserted as part of his medical record. The value of the initial interview with the patient and the personal data or information gathered on that first visit cannot be overemphasized.

The responsibility of the first contact with the patient as well as the data obtained and recorded on the new patient registration form begins with YOU! Therefore, knowledge of how to complete the new patient form is essential.

OBJECTIVES OF UNIT

OVERALL OBJECTIVE:

The student will be able to accurately complete a new patient registration form.

SUB-OBJECTIVES:

The student will:

1. List 7 of the 14 items of information necessary for completion of a registration form
2. List 2-3 methods for obtaining information from the patient
3. State 2-3 reasons for the importance of accurately completing a new patient's registration form
4. Complete a new patient registration form by filling in a blank form
5. Report his reactions to the package by responding to a non-graded question

Although forms may vary from one region to another, there are general informational items which are considered in registering a patient. Irrespective of the forms or procedures used in gathering and recording personal data, the following information must be obtained:

1. patient's full name
2. date of birth or age
3. marital status
4. current address
5. telephone number(s)
6. patient's employer's name and address
7. patient's occupation
8. name of spouse
9. spouse's employer and address
10. who referred the patient to this medical facility
11. name of insurance carrier
12. policy number of the insured
13. date form completed
14. signature of patient/responsible party

It is very important to obtain information as to the spouse. This should include his/her full name, plus the name and address of his/her employer. Sometimes the spouse is employed under another name; this should also be noted.

PRACTICE QUESTIONS # 1:

Using the example in figure 11-1, list 7 of the 14 items of information necessary to complete a new patient registration form:

PATIENT REGISTRATION RECORD

Date 4-20-78

Patient SAM AL MORRISON Age 48

☒ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

Home Address 38101 COMMONWEALTH AVE

City LOS ANGELES 90056 Zone ____ Home Phone 862-9919

Patient Employed by SEAF-MORRIS APPLIANCES Occupation MERCHANT

Business Address 5400 HOLLYWOOD BLVD City L A 90034

Name of Spouse LOUISE MARIE

Spouse Employed by — Occupation —

Business Address — City —

Patient referred to doctor by DR GENTRY

If patient is minor, name of responsible parent ____

Is this visit payable by health insurance? ☐ Yes; ☒ No. Policy Number 917-65-432

Name of Insurer or Group ACCIDENTAL (HOSP + SURGERY)

Signed Sam Morrison

Figure 11-1

FEEDBACK # 1:

Your response should have included the following:
date, name, address, phone, age or birthdate, marital status, employer's name and address, occupation, spouse's name, spouse's employers name and address, referred by, insurance carrier, policy number, signature

If you were able to list between 7-14 of these items, congratulations. You have understood the readings and were able to interpret the example in figure 11-1.

If you were able to list less than 7 of these items, it would be advisable for you to reread the information and figure 11-1. There are many items to remember to obtain from the patient on the first visit. Reviewing the materials frequently reinforces what you learn, and you will, with practice, be able to readily recall most of the items necessary for completing a new patient registration form.

It is important to get information about the patient on his INITIAL VISIT. The patient anticipates being asked questions on this first visit. However, to be asked these same questions on succeeding visits usually provokes anger from the patient. He may consider it an imposition or a threat to his integrity to be asked these routine questions after he has established a relationship with the medical facility.

To obtain information from the patient requires great SKILL and TACT. The INITIAL INTERVIEW is the basis for all future relationships between you and the patient.

There are various methods by which you can gather personal data from the patient. Usually the patient completes the registration form in the waiting room on his first visit to the facility. The form is not too extensive and some patients are able to complete the form themselves without much difficulty. However, some patients have language barriers or physical conditions such as visual impairments which can hinder accurate completion of the form. In these instances, the assistant should interview the patient, completing the form for the patient. Some type the form as the patient answers the questions. Interviewing should be done in the privacy of an inner office and away from other patients. Confidentiality of the material, as with all information on a patient's record, must be maintained.

Many times, planning for a visit can take place. If an appointment has been made long before the visit, the registration form may be mailed to the patient. Instructions for its completion need to be concise and easy to follow. There may be other techniques for gathering the necessary information for the registration form. Perhaps you can think of some others which were not mentioned. To be responsible for this assignment, you must be prepared to deal with a variety of situations.

PRACTICE QUESTIONS #2

1) List two methods of obtaining information to complete the new patient registration form.

2) Can you think of another method by which you could obtain the information necessary for the patient's record and completion of the registration form?

FEEDBACK #2:

The two methods usually employed in obtaining data are 1) through personal interview, with the assistant recording the data onto the new patient registration form; 2) the patient is given the form on his first visit to be filled in by himself before he sees the doctor. If you listed these two commonly employed methods you have been successful in answering the question. Congratulations! Were you able to think of other ways of getting the form completed? Did you consider sending it to the patient and having the patient bring it with him at the time of his first visit? Great, if you did!

Perhaps you have another way of obtaining the necessary information. If so, you are to be commended!

There are several very important reasons for the necessity of the accurate completion of the new patient registration form. Complete and accurate records are essential in a medical practice. With the growth of a rapidly changing world, individual rights have become important; so has accountability of those who provide services to the public. This implies involvement of the legal disciplines. The medical facility must defend itself from medical liability charges based on the medical record and the data it contains. For LEGAL reasons, the data recorded on the registration form is extremely valuable.

Records can substantiate or refute, confirm or augment, as well as provide for continuity of care for the patient. Today with the interest in longevity of human life, data is collected and used as evidence to support or deny scientific theories. Information on patients does supply this valuable data and STATISTICAL documentation.

To maintain the highest standard of good medical care for the patient, information must be available which allows for CONTINUITY of care. Records contain data which provides this continuum of care.

Good records are essential for follow-up financial records, billing, and collecting. Gathering of accurate data eliminates further collection problems. Again, good collections can be traced to the accurate completion of the new patient registration form.

PRACTICE QUESTION #3

State three reasons for the importance of gathering data from the patient and completion of the new patient registration form.

FEEDBACK #3:

Three important reasons for gathering and recording medical information, including the completion of the new patient registration form, are to provide a continuity of medical care, to supply information for statistical evaluation, and to avoid legal difficulties. If you also included another reason, for the follow-up of collections, you are correct!
If you had problems answering this aspect of this package, please refer again to the information given. Look for key words in each paragraph.
If you were successful on your first attempt, my hat is off to you!

When completing the new patient registration form you must make the environment conducive for the patient to respond honestly and as cooperatively as possible. After getting the cooperation of the patient, the procedure for completing the form is simple.

Starting at the top of the form, ask the patient to respond. Most patients like order to the questioning. It affords an easier response and requires less concentration than when the subject is shifted from one topic to another.

If there is no response for a blank, be sure to draw a short line through the space. Some prefer to insert the initials "N/A" which refer to the question as being not applicable to this patient. Whatever source of identification you wish to use, it does indicate that the question did receive your and the patient's attention.

Be sure to have the patient sign the form at the time you have completed taking the information. Instruct the patient to be sure and check what you have written in the spaces. His signature should confirm the truth to the written responses to the questions asked.

After completion of the form, it must be positioned in its appropriate location. This may be the chart, file cabinet, or the like.

PRACTICE QUESTION #4

Use the 2 new patient registration forms attached. Practice completing these 2 forms using yourself for one form and using a fellow student or friend for the second form.

FEEDBACK # 4:

Be certain all blanks are filled in. If there is no data to be placed in a space, then draw a line through the space or place a N/A (not applicable) in that space.

Have your forms checked for completion and accuracy by your instructor.

Congratulations on completing these two forms! Did you notice improvement in your speed in completing the second form? Usually with practice, one becomes faster and more efficient. I am proud to have you as a graduate of this package!

PATIENT REGISTRATION RECORD

Date_____

Patient_____ Age_____

__single __married __widowed __divorced __separated

Home Address_____

City_____ Zip_____ Phone_____

Patient Employed by_____ Occupation_____

Business Address_____ City_____

*Name of Spouse*_____

*Spouse Employed by*_____ *Occupation*_____

*Business Address*_____ *City*_____

Patient referred to doctor by_____

If patient is minor, name of responsible parent_____

Name of Insurance_____

Policy Number_____

Signed_____

PATIENT REGISTRATION RECORD

Date_____

Patient_____ Age_____

__ single __ married __ widowed __ divorced __ separated

Home Address_____

City_____ Zip_____ Phone_____

Patient Employed by_____ Occupation_____

Business Address_____ City_____

*Name of Spouse*_____

*Spouse Employed by*_____ *Occupation*_____

*Business Address*_____ *City*_____

Patient referred to doctor by_____

If patient is minor, name of responsible parent_____

Name of Insurance_____

Policy Number_____

Signed_____

POST TEST:
Completion of Patient
Registration Form:

1. List 7 of the 14 items of information necessary to complete a new patient registration form:

2. Define the term "personal data":

3. List 3 methods for obtaining information for the new patient registration form:

4. State 3 reasons for the importance of obtaining the personal data and other necessary information for completing the new patient registration form:

5. Using the attached patient registration form, complete this form using yourself as the patient:

6. THIS QUESTION IS NON-GRADED:
Place an "x" next to those terms which best describe your reaction to the contents of this package:

____stimulating	____worthwhile
____boring	____useless
____well summarized	____interesting
____confusing	____uninteresting

ANSWERS TO POST TEST:
Completion of Patient
Registration Form:

1. Your list of 7 of the 14 items of information for completion of form may include:
   1. date; 2. full name; 3. age or birthdate; 4. address; 5. phone; 6. marital status; 7. employer's name and address; 8. occupation; 9. name of spouse; 10. spouse's employer's name and address; 11. referred by; 12. health insurance carrier; 13. policy number; 14. patient's or parent's signature.

   These may appear in any order.

2. The term personal data refers to information about a patient and given by the patient. These include basic facts about the patient. This information is usually collected on the patient's first visit.

3. The 3 methods for obtaining information for the form are:
   1. patient completes the form himself during his first visit
   2. patient is interviewed and assistant fills in the form
   3. form is mailed to the patient, completed and brought in by patient at his first visit
   4. other appropriate answer possible

4. Three reasons for the importance of gathering the information are:
   a. continuity of medical care
   b. statistical information
   c. legal implications
   and/or d. for collections

5. The form should be checked for accuracy, completeness, and neatness.

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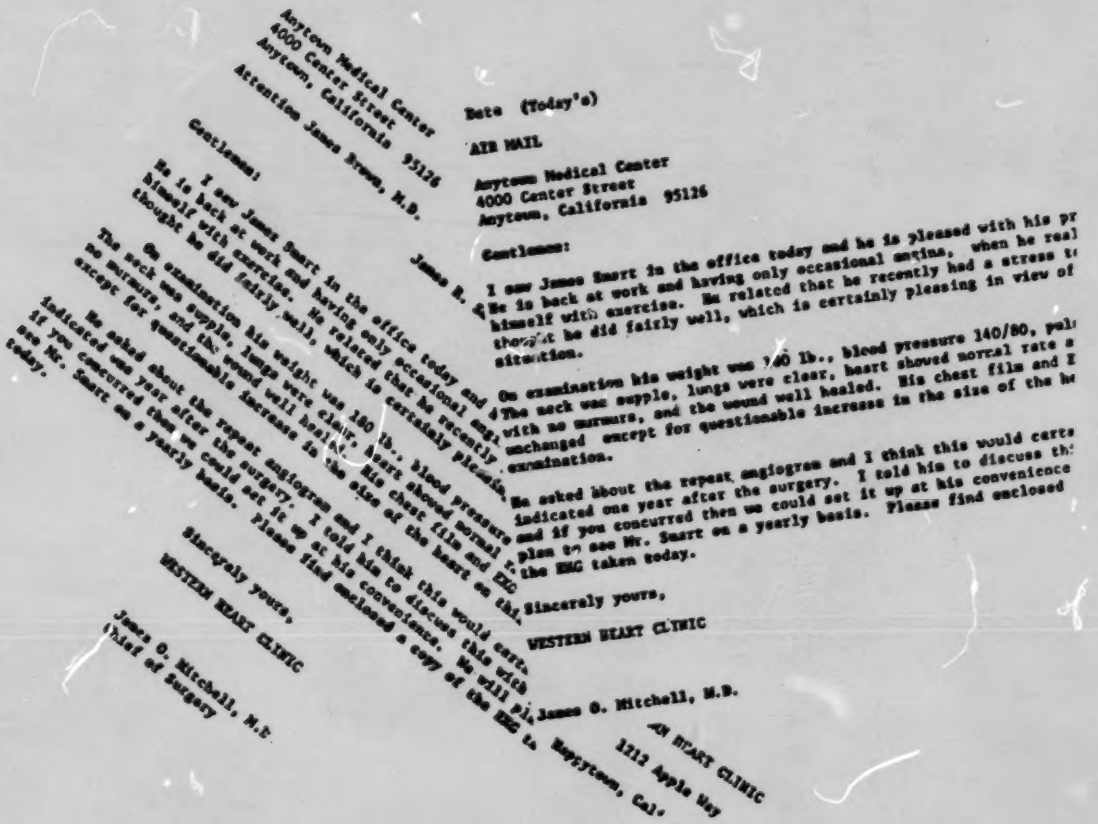
BASIC LETTER STYLES USED IN THE MEDICAL OFFICE

by

Katherine Lorson



Anytown Medical Center
4000 Center Street
Anytown, California 95126

Attention James Brown, M.D.

Gentlemen:

I saw James Smart in the office today and he is pleased with his pr
He is back at work and having only occasional angina, when he real
himself with exercise. He related that he recently had a stress t
thought he did fairly well, which is certainly pleasing in view of
attention.

On examination his weight was 140 lb., blood pressure 140/80, pul
The neck was supple, lungs were clear, heart showed normal rate a
no murmurs, and the wound well healed. His chest film and E
except for questionable increase in the size of the he
examination.

He asked about the repeat angiogram and I think this would certa
indicated one year after the surgery. I told him to discuss th
and if you concurred then we could set it up at his convenience
plan to see Mr. Smart on a yearly basis. Please find enclosed
the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.
Chief of Surgery

James R. Smart
1212 Apple Way
Anytown, Cal.

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TITLE OF PACKAGE:	Basic Letter Styles Used in the Medical Office
AUTHOR:	Katherine Lorson
INSTITUTION:	West Valley College, Saratoga, Calif.
INTENDED STUDENTS:	Medical Assisting
ESTIMATED WORKING TIME:	60 minutes
MATERIALS NEEDED:	Typewriter and typing paper
REVISED	

Prerequisite: A basic typing course.

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INTRODUCTION

This module is designed to review the basic letter styles and to identify the basic parts of a business letter. There are several other letter styles in use today; however, the three shown here are most often used.

OBJECTIVES OF UNIT

Given letter content, you will be able to type letters in the basic letter styles from unarranged copy. You will:

Identify the components of a business letter.

Label the component parts of a business letter.

Identify the 3 letter styles most frequently used in medical offices.

Given unarranged copy, student will be able to arrange the letter content into the 3 basic letter styles using proper format.

Look at illustrations A, B, and C (pages 3, 4,and 5). These sample examples of letters illustrate three types of letter styles:

A. Modified Block Style, Blocked Paragraphs

B. Modified Block Style, Indented Paragraphs

C. Block Styles (or Full Block)

You will notice that the parts of each letter example are numbered.

Now turn to page 6.

ILLUSTRATION A
Modified Block Style, Blocked Paragraphs

ANYTOWN MEDICAL CENTER (1)

6213 Dumbarton Avenue

Anytown, California 95126

July 2, 19-- (2)

John R. Miller, M.D. (3)
620 Edgewater Avenue
San Jose, CA. 95128

Dear Doctor Miller: (4)

Daniele Brown (5)

I saw Daniele in the office today.

This 27-year-old girl developed abrupt onset of what appeared to be phlebitis of the right calf in September 19--. You hospitalized her for 3½ days at General Hospital, giving her heparin. Swelling has persisted despite the use of Teds, Supphose, Ace bandages. The patient has not worn any of these in the past month. She has been on the pill since junior college. begun initially to regulate her menstrual periods which were very slow in starting. Swelling of the right foot and ankle has persisted since then. However, prior to last September she had swelling of both feet during the summer months and took about one diuretic tablet a month. Since last September she has been on Dyazide b.i.d.

(6)

Physical examination reveals the calves to be of equal circumference, although the right appears somewhat larger. The foot and ankle show a moderate amount of swelling, but there are no color changes of the skin to suggest a chronic phlebitic situation and there is no tenderness along the course of the veins. Homan's is negative.

I would suspect, however, that this does represent some residual phlebitic situation. I suggested that she wear a 2½ inch Ace bandage over the foot and ankle area; I do not see any reason to carry it up over the calf area. She will try this. If no improvement is noted in the next 6 weeks, then I think venography would be warranted.

I certainly want to thank you for the privilege of seeing this very nice young lady and hope that her condition will improve soon.

Sincerely yours, (7)

James Williams (8)

James E. WIlliams, M.D. (9)

3

lk (10)

ILLUSTRATION B
Modified Block Style, Indented Paragraphs

WESTERN HEART CLINIC

6239 Winter Avenue (1)

San Jose, Calif. 95154

July 9, 19-- (2)

San Jose Medical Center (3)
151 North Central Avenue
San Jose, CA 95126

Attention Carl Kyburz, M.D. (13)

Gentlemen: (4)

I saw James E. Smart in the office today, one month following his discharge from the hospital. In general, James is making reasonably good progress. He has been out walking and has been able to increase his activity over the past two weeks. James has had two episodes similar to his preoperative angina occurring after a stressful day of activities.

On examination his weight is 183 lb., blood pressure 140/90, and his pulse is 80 equal and regular. His heart sounds are normal and his lungs are completely clear. His chest x-ray shows good clearing of the post-operative changes. An electrocardiogram obtained today is essentially unchanged and a copy of this tracing is enclosed for your records. (6)

I am encouraged to see that his pulse rate has come down to the 80's and I advised him to continue gradually increasing his activities. I emphasized to him that he should not return to any full level of activity or to work until a repeat exercise treadmill study has been done and that I would recommend this being done at approximately three months post-operatively. Of course, the final answer as to what we have accomplished will only come with repeat angiography.

Again, sincerely thank you for his referral.

Sincerely yours, (7)

WESTERN HEART CLINIC (14)
Robert Wolfsen, MD (8)
Robert D. Wolfsen, M.D. (9)
Chief of Cardiac Surgery (15)

lk (10)
Enclosure (12)

cc: William Jones, M.D. (16)

We recommend that Mr. Smart be scheduled for repeat angiography in approximately one year. (17)

4

ILLUSTRATION C
Block Style (or Full Block)

MARY R. SIMPSON, M.D. (1)

2176 Winter Ave., Suite 7

Anytown, California 95116

July 21, 19-- (2)

SPECIAL DELIVERY (11)

Richard Hanson, M.D. (3)
429 Devon Avenue
San Diego, California 95237

Dear Doctor Hanson: (4)

William Berginer (5)

Mr. Berginer was under my care from May 19-- through May 19--, and I will enclose pertinent data from that period. He has chronic renal insufficiency, etiology of which is not completely clear except for a vague history of urinary tract infection, stones, and perhaps gout. None of these have been evident in the past year. His kidneys were small on renal scan. No IVPs have been done here. I will enclose data from his prior physician, Dr. Roberts in Los Angeles. Dr. Roberts was unable to add much to this when I spoke to him.

Mr. Berginer has a continuous electrolyte problem related primarily to his continuous heavy ileostomy losses, and with a problem of hypokalemic acidosis. This becomes quickly worse with his frequent exacerbations of diarrhea, and he has required hospital admissions for dehydration and renal failure. I have maintained him on continuous sodium bicarbonate tablets and potassium bicarbonate (Kaon Elixir). His renal function has remained amazingly stable between acute episodes related to the dehydration. At times he has become mildly edematous and hypertensive and the sodium bicarbonate has been cut back. He does not take his medication in the dosage recommended and has required repeated urging to take the potassium. I have not allowed him to take the potassium tablets he has requested. The low serum calcium was first noted by me to be a problem this year, and he was given calcium carbonate during his last admission. No bone films were done. He has had a normal protein electrophoresis. (6)

He exhibits some emotional instability, with periods of marked depression ,but these have been brief and have required a minimum of medication. He has had prior psychiatric hospitalizations in Los Angeles.

Incidentally, he has always exhibited a renal acidification defect with a urine consistently alkalotic in the presence of metabolic acidosis.

If further information is needed, please let me know.

Sincerely, (7)

Mary R. Simpson (8)

Mary R. Simpson, M.D. (9)

lk (10)

Enclosure: Chart for William Berginer (12)

Study the descriptions below and locate these letter parts on the illustrated letters. The descriptions are numbered to correspond with the examples shown in the letters. After you have familiarized yourself with the above rules, regulations, and spacing for these letter parts, proceed to the next page.

1) The Letterhead

The printed letterhead influences the placement of letters. Most letterheads cover approximately two inches of the page. A letterhead is representative of the office that sends it. It should be attractive and easy to read.

2) Date

You must date every letter you typewrite. The date line contains the name of the month written in full, the date and the year. The date may be typed at the left margin, centered, or started at center. Vertically, the date is typed four lines above the inside address. The distance between the letterhead and the date is dependent upon the length of the letter.

3) Inside Address

The inside address is typed three blank lines below the date at the left margin. The inside address is a complete reference for filing the carbon copy in the sender's office. It also gives complete information as to whom the letter is directed to at the recipient company. The address should contain the name, title, and the complete address of the person or the company to whom the letter is directed. There should be very few abbreviations used in the inside address.

4) Salutation

The salutation is a greeting to the person to whom the letter is written. Type it a double space below the inside address (or attention line, if one is used). The body of the letter begins a double space below the salutation. The salutation may be followed by a colon (never use a comma in business correspondence).

5) Subject Line

A subject line may be used to identify or emphasize the topic of the letter. When a subject line is used, it is typed two spaces below the salutation. The subject line may be considered part of the body of the letter. It may be typed on the left margin, at the paragraph point, or centered.

PRACTICE QUESTION 1

On the next page, Page 8, five parts of a letter are numbered 1 through 5. Label each letter part with its appropriate identification description.

When you have identified and labeled the letter parts, turn to Page 9 to check your answers.

ANYTOWN MEDICAL CENTER (1) _____

6213 Dumbarton Avenue

Anytown, California 95126

July 2, 19-- (2) _____

John R. Miller, M.D. (3) _____
620 Edgewater Avenue
San Jose, CA. 95128

Dear Doctor Miller: (4) _____ Daniele Brown (5) _____

I saw Daniele in the office today.

This 27-year-old girl developed abrupt onset of what appeared to be phlebitis of the right calf in September 19--. You hospitalized her for 3½ days at General Hospital, giving her heparin. Swelling has persisted despite the use of Teds, Supphose, Ace bandages. The patient has not worn any of these in the past month. She has been on the pill since junior college, begun initially to regulate her menstrual periods which were very slow in starting. Swelling of the right foot and ankle has persisted since then. However, prior to last September she had swelling of both feet during the summer months and took about one diuretic tablet a month. Since last September she has been on Duazide b.i.d.

Physical examination reveals the calves to be of equal circumference, although the right appears somewhat larger. The foot and ankle show a moderate amount of swelling, but there are no color changes of the skin to suggest a chronic phlebitic situation and there is no tenderness along the course of the veins. Homan's is negative.

I would suspect, however, that this does represent some residual phlebitic situation. I suggested that she wear a 2½-inch Ace bandage over the foot and ankle area; I do not see any reason to carry it up over the calf area. She will try this. If no improvement is noted in the next 6 weeks, then I think venography would be warranted.

I certainly want to thank you for the privilege of seeing this very nice young lady and hope that her condition will improve soon.

Sincerely yours,

James E. Williams, M.D.

kl

8

ANYTOWN MEDICAL CENTER (1) The Letterhead

6213 Dumbarton Avenue

Anytown, Californ ia 95126

July 2, 19-- (2) Date

John R. Miller, M.D. (3) Inside Address
620 Edgewater Avenue
San Jose, CA 95128

Dear Doctor Miller: (4) Salutation

Daniele Brown (5) Subject Line

I saw Daniele in the office today.

This 27-year-old girl developed abrupt onset of what appeared to be phlebitis of the right calf in September 19--. You hospitalized her for 3½ days at General Hospital, giving her heparin. Swelling has persisted despite the use of Teds, Supphose, Ace bandages. The patient has not worn any of these in the past month. She has been on the pill since junior college, begun initially to regulate her menstrual periods which were very slow in starting. Swelling of the right foot and ankle has persisted since then. However, prior to last September she had swelling of both feet during the summer months and took about one diuretic tablet a month. Since last September she has been on Dyazide b.i.d.

Physical examination reveals the calves to be of equal circumference, although the right appears somewhat larger. The foot and ankle show a moderate amount of swelling, but there are no color changes of the skin to suggest a chronic phlebitic situation and there is no tenderness along the course of the veins. Homan's is negative.

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I certainly want to thank you for the privilege of seeing this very nice young lady and hope that her condition will improve soon.

Sincerely yours

James E. Williams, M.D.

kl

Study the descriptions below and locate these letter parts on the illustrated sample letters (A, B and C/ pages 3, 4 and 5).

Again the descriptions are numbered to correspond with the examples shown on the illustrated letters.

Familiarize yourself with the rules, regulations, and spacing of these letter parts.

6) Body

The body of the letter is typed a double space below the salutation. Single spacing is always used for the body of the letter except for very short letters of perhaps 3, 4 or 5 lines. Paragraph the body of the letter so that it will be easy to read. Always double space between the paragraphs. Leave approximately equal spaces in the right and left margins of the body of the letter. However, since it is impossible to leave exactly equal margins, the letter will be better balanced on the page if you will leave the more narrow margin on the right side rather than the left side of the page.

7) Complimentary Close

The complimentary close is written on the second line below the body of the letter. The complimentary close is followed by a comma if a colon has been typed after the salutation. In the block style (See illustration B) the date and complimentary close begin at the left margin. In the modified block style (See illustrations A & C) they begin at the horizontal center of the page. Capitalize only the first word of the complimentary close.

8) Signature

The penwritten signature of your employer is located between the complimentary close and the typewritten name. If your employer is not available and you are requested to sign his/her name, be sure to follow the signature with your initials.

9) Typed Name

Your employer's name is typed four lines below the complimentary close. Some signatures are difficult to read or incomplete; having the sender's name typewritten will avoid confusion.

10) Reference Initials

To identify the typist, place your initials in lower case letters on the left margin, a double space below the typewritten name.

PRACTICE QUESTION 2

Turn the page and fill in the blanks. When you have labeled all the letter parts, turn to page 12 to check your answers.

ANYTOWN MEDICAL CENTER (1)

6213 Dumbarton Avenue

Anytown, California 95126

July 2, 19-- (2)

John R. Miller, M.D. (3)
620 Edgewater Avenue
San Jose, CA 95128

Dear Doctor Miller: (4)

Re: Daniele Brown (5)

I saw Daniele in the office today.

This 27-year-old girl developed abrupt onset of what appeared to be phlebitis of the right calf in September 19--. You hospitalized her for 3½ days at General Hospital, giving her heparin. Swelling has persisted despite the use of Teds, Supphose, Ace bandages. The patient has not worn any of these in the past month. She has been on the pill since junior college, begun initially to regulate her menstrual periods which were very slow in starting. Swelling of the right foot and ankle has persisted since then. However, prior to last September she had swelling of both feet during the summer months and took about one diuretic tablet a month. Since last September she has been on Dyazide b.i.d.

(6)

Physical examination reveals the calves to be of equal circumference, although the right appears somewhat larger. The foot and ankle show a moderate amount of swelling, but there are no color changes of the skin to suggest a chronic phlebitic situation and there is no tenderness along the course of the veins. Homan's is negative.

I would suspect, however, that this does represent some residual phlebitic situation. I suggested that she wear a 2½-inch Ace bandage over the foot and ankle area; I do not see any reason to carry it up over the calf area. She will try this. If no improvement is noted in the next 6 weeks, then I think venography would be warranted.

I certainly want to thank you for the privilege of seeing this very nice young lady and hope that her condition will improve soon.

Sincerely yours, (7)

James Williams (8)

James E. Williams, M.D. (9)

kl (10)

11

ANYTOWN MEDICAL CENTER (1) The Letterhead

6213 Dumbarton Avenue

Anytown, California 95126

July 2, 19-- (2) Date

John R. Miller, M.D. (3) Inside Address
620 Edgewater Avenue
San Jose, CA. 95128

Dear Doctor Miller: (4) Salutation

Daniele Brown (5) Subject Line

(6) Body

I saw Daniele in the office today.

This 27-year-old girl developed abrupt onset of what appeared to be phlebitis of the right calf in September 19--. You hospitalized her for 3½ days at General Hospital, giving her heparin. Swelling has persisted despite the use of Teds, Supphose, Ace bandages. The patient has not worn any of these in the past month. She has been on the pill since junior college, begun initially to regulate her menstrual periods which were very slow in starting. Swelling of the right foot and ankle has persisted since then. However, prior to last September she had swelling of both feet during the summer months and took about one diuretic tablet a month. Since last September she has been on Dyazide b.i.d.

Physical examination reveals the calves to be of equal circumference, although the right appears somewhat larger. The foot and ankle show a moderate amount of swelling, but there are no color changes of the skin to suggest a chronic phlebitic situation and there is no tenderness along the course of the veins. Homan's is negative.

I would suspect, however, that this does represent some residual phlebitic situation. I suggested that she wear a 2½-inch Ace bandage over the foot and ankle area; I do not see any reason to carry it up over the calf area. She will try this. If no improvement is noted in the next 6 weeks, then I think venography would be warranted.

I certainly want to thank you for the privilege of seeing this very nice young lady and hope that her condition will improve soon.

Sincerely your, (7) Complimentary close

James Williams, M.D. (8) Signature

James E. Williams, M.D. (9) Typed Name

kl (10) Reference Initials

12

You've covered the basic components of the business letter. However, there are some very important Odds and Ends which are important to the accuracy and appearance of the business letter. We'll look at those next.

11) Mailing Notation

If you think of the mailing notation as part of the address, you will find it easier to remember that it should be typed two spaces above the inside address. Special postal services such as airmail, special delivery, or registered mail should be typed in all capital letters flush with the left margin.

12) Enclosure Notations

Reference to items placed in the envelope with the letter should be typed at the end of the letter two spaces below the reference initials on the left margin. The abbreviation Encl. or the word Enclosure(s) may be typed. For multiple enclosures, a numeral indicating how many enclosures are to be included, or a list of the items being enclosed may be typed after the enclosure notation. It should be a habit to check the bottom of each letter as you fold it for insertion into the envelope to check that the enclosures are included as noted (and that the letter has been signed!).

PRACTICE QUESTION 3

After you have located the two letter parts described above on the illustrated letters A, B and C, turn the page and label the corresponding parts, as well as some of those previously presented.

Check your answers on page 15.

MARY R. SIMPSON, M.D.
2176 Winter Ave., Suite 7
Anytown, California 95116

July 21, 19--

SPECIAL DELIVERY (11)_____

Richard Hanson, M.D.
429 Devon Avenue
San Diego, California 95237

Dear Doctor Hanson:

William Berginer

Mr. Berginer was under my care from May 19-- through May 19--, and I will enclose pertinent data from that period. He has chronic renal insufficiency, etiology of which is not completely clear except for a vague history of urinary tract infection, stones, and perhaps gout. None of these have been evident in the past year. His kidneys were small on renal scan. No IVPs have been done here. I will enclose data from his prior physician, Dr. Roberts in Los Angeles. Dr. Roberts was unable to add much to this when I spoke to him.

Mr. Berginer has a continuous electrolyte problem related primarily to his continuous heavy ileostomy losses, and with a problem of hypokalemic acidosis. This becomes quickly worse with his frequent exacerbations of diarrhea, and I have maintained him on continuous sodium bicarbonate tablets and potassium bicarbonate (Kaon elixir). His renal function has remained amazingly stable between acute episodes related to the dehydration. At times he has become mildly edematous and hypertensive and the sodium bicarbonate has been cut back. He does not take his medication (6)_____ in the dosage recommended and has required repeated urging to take the potassium. I have not allowed him to take the potassium tablets he has requested. The low serum calcium was first noted by me to be a problem this year, and he was given calcium carbonate during his last admission. No bone films were done. He has had a normal protein electrophoresis.

He exhibits some emotional instability, with periods of marked depression, but these have been brief and have required a minimum of medication. He has had prior psychiatric hospitalizations in Los Angeles.

Incidentally, he has always exhibited a renal acidification defect with a urine consistently alkalotic in the presence of metabolic acidosis.

If further information is needed, please let me know.

Sincerely, (7)_____

(8)_____

Mary R. Simpson (9)_____

lk (10)_____

Enclosure: Chart for William Berginer (12)_____

MARY R. SIMPSON, M.D.
2176 Winter Ave., Suite 7
Anytown, California 95116

July 2, 19--

SPECIAL DELIVERY (11) Mailing Notation

Richard Hanson, M.D.
429 Devon Avenue
San Diego, California 95237

Dear Doctor Hanson:

William Berginer

Mr. Berginer was under my care from May 19-- through May 19--, and I will enclose pertinent data from that period. He has chronic renal insufficiency, etiology of which is not completely clear except for a vague history of urinary tract infection, stones, and perhaps gout. None of these have been evident in the past year. His kidneys were small on renal scan. No IVPs have been done here. I will enclose data from his prior physician, Dr. Roberts in Los Angeles. Dr. Roberts was unable to add much to this when I spoke to him.

(6) Body

Mr. Berginer has a continuous electrolyte problem related primarily to his continuous heavy ileostomy losses, and with a problem of hypokalemic acidosis. This becomes quickly worse with his frequent exacerbations of diarrhea, and he had required hospital admissions for dehydration and renal failure. I have maintained him on continuous sodium bicarbonate tablets and potassium bicarbonate (Kaon elixir). His renal function has remained amazingly stable between acute episodes related to the dehydration. At times he has become mildly edematous and hypertensive and the sodium bicarbonate has been cut back. He does not take his medication in the dosage recommended and has required repeated urging to take the potassium. I have not allowed him to take the potassium tablets he has requested. The low serum calcium was first noted by me to be a problem this year, and he was given calcium carbonate during his last admission. No bone films were done. He has had a normal protein electrophoresis.

He exhibits some emotional instability, with periods of marked depression, but these have been brief and have required a minimum of medication. He has had prior psychiatric hospitalizations in Los Angeles.

Incidentally, he has always exhibited a renal acidification defect with a urine consistently alkalotic in the presence of metabolic acidosis.

If further information is needed, please let me know.

Sincerely, (7) Complimentary Close

Mary Simpson (8) Signature

Mary R. Simpson, M.D. (9) Typed Name

lk (10) Reference Initials

Enclosure: Chart for William Berginer (12) Enclosure Notation

Study the descriptions below and again locate these letter parts on the illustrated sample letters (pages 3, 4 and 5).

13) Attention Line

When a letter is addressed to a firm or company, but is to be directed to a specific person, an attention line should be included. If you consider the attention line as part of the address, you will remember that it is typed two spaces below the inside address. Don't forget that the letter is first addressed to the firm, and, therefore, the salutation should be in agreement with the firm name typed in the first line of the inside address rather than the individual who is named in the attention line.

14) Firm Name

If the firm name is used in the closing lines, it is typed in all capital letters two spaces below the complimentary close. While the trend is away from using the firm name in the closing lines, it is still done in some offices.

15) Title

If the sender of the letter uses a title indicating his/her position, this title may be typed either on the same line (following the typewritten name) if there is sufficient room; or it may be typed on the line directly below the typewritten name.

16) Carbon Copy Notation

When carbon copies are made to be sent to persons other than the addressee, a notation should be made. The abbreviation cc may be typed or the words Copy to typed before the name(s) of the person(s) receiving carbon copies.

17) Postscript

When some information has been omitted from the body of the letter by mistake, a postscript may be added as the last item on the page. It should be preceded by a blank line. The postscript can be preceded by the letters PS, however, the trend is away from this practice. The postscript may be indented or blocked in accordance with the paragraphs in the body of the letter. In addition to being used for afterthoughts, the postscript may be used to emphasize a certain point.

PRACTICE QUESTION 4

When you think you can locate and name these letter parts on a sample letter, turn the page and label the numbered part there.

Check your answers on the following page.

WESTERN HEART CLINIC

6239 Winter Avenue

San Jose, Calif. 95124

July 9, 19--

San Jose Medical Center (3)
751 North Central Avenue
San Jose, CA 95126

Attention Carl Kyburz, M.D. (13)

Gentlemen: (4)

I saw James E. Smart in the office today, one month following his discharge from the hospital. In general, James is making reasonably good progress, he has been out walking and has been able to increase his activity over the past two weeks. James has had two episodes similar to his preoperative angina occurring after a stressful day of activities.

On examination his weight is 183 lb., blood pressure 140/90, and his pulse is 80 equal and regular. His heart sounds are normal and his lungs are completely clear. His chest x-ray shows good clearing of the post-operative changes. An electrocardiogram obtained today is essentially unchanged and a copy of this tracing is enclosed for your records.

I am encouraged to see that his pulse rate has come down to the 80's and I advised him to continue gradually increasing his activities. I emphasized to him that he should not return to any full level of activity or to work until a repeat exercise treadmill study has been done and that I would recommend this being done at approximately three months post-operatively. Of course, the final answer as to what we have accomplished will only come with repeat angiography.

Again, sincerely thank you for his referral

Sincerely yours, (7)

WESTERN HEART CLINIC (14)

Robert D. Wolfsen, M.D.
Chief of Cardiac Surgery (15)

lk (10)

Enclosure

cc: William Jones, M.D. (16)

(17) We recommend that Mr. Smart be scheduled for repeat angiography in approximately one year.

WESTERN HEART CLINIC

6239 Winter Avenue

San Jose, Calif. 95154

July 9, 19--

San Jose Medical Center
751 North Central Avenue
San Jose, CA 95126

(3) Inside Address

Attention Carl Kyburz, M.D.

(13) Attention Line

Gentlemen:

(4) Salutation

I saw James E. Smart in the office today, one month following his discharge from the hospital. In general, James is making reasonably good progress, he has been out walking and has been able to increase his activity over the past two weeks. James has had two episodes similar to his preoperative angina occurring after a stressful day of activities.

On examination his weight is 183 lb., blood pressure 140/90, and his pulse is 80 equal and regular. His heart sounds are normal and his lungs are completely clear. His chest x-ray shows good clearing of the post-operative changes. An electrocardiagram obtained today is essentially unchanged and a copy of this tracing is enclosed for your records.

I am encouraged to see that his pulse rate has come down to the 80's and I advised him to continue gradually increasing his activities. I emphasized to him that he should not return to any full level of activity or to work until a repeat exercise treadmill study has been done and I would recommend this being done at approximately three months post-operatively. Of course, the final answer as to what we have accomplished will only come with repeat angiography.

Again, sincerely thank you for his referral.

Sincerely yours,

(7) Complimentary Close

WESTERN HEART CLINIC

(14) Firm Name

Robert D. Wolfsen, M.D.
Chief of Cardiac Surgery

(15) Title

lk

(10) Reference Initials

Enclosure

cc: William Jones, M.D.

(16) Carbon Copy Notation

We recommend that Mr. Smart be scheduled for repeat angiography in approximately one year.

(17) Postscript

NOW FOR A QUICK REVIEW

The three letter styles most often used in the medical office are:

I. Modified Block Style

   a. with blocked paragraphs

      or

   b. with indented paragraphs

II. Block Style (sometimes referred to as Full Block)

Examine the examples of these letter styles on the next two pages.

LETTER STYLES

A. Modified Block Style

With the modified block style of letter (Letters A & B) the date is typed beginning at the horizontal center of the page. The inside address is blocked at the left margin. The first lines of the paragraphs may be indented (Letter B) or they may be blocked (Letter A). The complimentary close begins at the horizontal center of the page. Medical offices use the modified block style more than any other.

B. Block Style

In the block style (Letter C) all lines of the letter begin at the left margin. Because the letter can be typed without using tabular stops, it is easy to type. It is a modern style and is gaining in popularity in many medical offices.

(A)

Modified Block Style
with Blocked Paragraphs

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concur then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

James O. Mitchell, M.D.

hp (your initials as typist)

cc: James Gordon, M.D.

I hope to see you next month at the convention in San Francisco.

20 A

(B)

Modified Block Style
with Indented Paragraphs

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Attention James Brown, M.D.

James R. Smart

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeart angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.
Chief of Surgery

hp (your own initials as typist)

Enclosure

Block Style ©

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

AIR MAIL

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.

hp (Your own initials as typist)

Enclosure

21A

LEARNING CHECK 5

Identify the letter style of each of the letters shown on the following three pages.

Letter 1 _____

Letter 2 _____

Letter 3 _____

Turn to page 23 when you are ready to check your answers.

(1)

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

AIR MAIL

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.

hp (Your own initials as typist)

Enclosure

22A

(2)

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Attention James Brown, M.D.

James R. Smart

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeart angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.
Chief of Surgery

hp (your own initials as typist)

Enclosure

(3)

Modified Block Style
with Blocked Paragraphs

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concur then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

James O. Mitchell, M.D.

hp (your initials as typist)

cc: James Gordon, M.D.

I hope to see you next month at the convention in San Francisco.

22C

Letter 1: Block style

Letter 2: Modified block style, indented paragraphs

Letter 3: Modified block style, blocked paragraphs

If you are unsure of any of the letter styles, re-read the descriptive material that explains them, paying particular attention to the rules, regulations, and spacing of the letter parts.

When you think you know the basic letter styles used in the medical office, proceed to the next page. (You will need a typewriter and typing paper to complete this next "Self-Check" section.)

SELF-CHECK

Type the following unarranged letter three times following the instructions given below:

1. Type the letter in Block Style, make an enclosure notation, use your own reference initials, send the letter Airmail and use the firm name (Western Heart Clinic).

2. Type the letter in Modified Block Style with Indented Paragraphs. To the attention of James Brown, M.D., the subject is James R. Smart, there is an enclosure, Doctor Mitchell is Chief of Surgery.

3. Type the letter in Modified Block Style with Blocked Paragraphs. Send a carbon copy (just make notation--no actual copy is necessary) to James Gordon, M.D., add the following postscript. "I hope to see you next month at the convention in San Francisco."

(Letterhead) use simulated letterhead paper or allow 2 inches for letterhead on plain stationery.

(Date) use current date

(Inside Address) Anytown Medical Center, 4000 Center Street, Anytown, California. 95126

(Salutation) Gentlemen:

(Body) I saw James Smart in the office today and he is pleased with his progress. He is back to work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation. (Paragraph) On examination his weight was 180 lb., blood pressure 140/80, pulse of 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for the questionable increase in the size of the heart on this examination. (Paragraph) He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

(Complimentary close) Sincerely yours,

(Typed name) James O. Mitchell, M.D.

(Reference initials) Use your own initials as typist

After you have typed your three letters, check them against the letters on the following three pages.

Letter 1
Block Style

WESTERN HEART CLINIC

1212 Apple Way

Happytown, California 95007

Date (Today's)

AIR MAIL

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.

hp (Your own initials as typist)

Enclosure

Letter 2
Modified Block Style,
with Indented Paragraphs

WESTERN HEART CLINIC

1212 Apply Way

Happytown, California 95007

DATE (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Attention James Brown, M.D.

James R. Smart

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concurred then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

WESTERN HEART CLINIC

James O. Mitchell, M.D.
Chief of Surgery

hp (Your own initials as typist)

Enclosure

Letter 3
Modified Block Style
with Blocked Paragraphs

WESTERN HEART CLINIC

1212 Apply Way

Happytown, California 95007

Date (Today's)

Anytown Medical Center
4000 Center Street
Anytown, California 95126

Gentlemen:

I saw James Smart in the office today and he is pleased with his progress. He is back at work and having only occasional angina, when he really pushes himself with exercise. He related that he recently had a stress test and you thought he did fairly well, which is certainly pleasing in view of his situation.

On examination his weight was 180 lb., blood pressure 140/80, pulse 78. The neck was supple, lungs were clear, heart showed normal rate and rhythm with no murmurs, and the wound well healed. His chest film and EKG were unchanged except for questionable increase in the size of the heart on this examination.

He asked about the repeat angiogram and I think this would certainly be indicated one year after the surgery. I told him to discuss this with you and if you concur then we could set it up at his convenience. We will plan to see Mr. Smart on a yearly basis. Please find enclosed a copy of the EKG taken today.

Sincerely yours,

James O. Mitchell, M.D.

hp (Your initials as typist)

cc: James Gordon, M.D.

I hope to see you next month at the convention in San Francisco.

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411
A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

PREPARING A PATIENT INFORMATION BROCHURE

by

Rose M. Hall, RN, CMA-AC

© Rose M. Hall, 1977
All Rights Reserved

TITLE OF PACKAGE:	Preparing a Patient Information Brochure
AUTHOR:	Rose M. Hall, R.N., CMA-AC
INSTITUTION:	Belleville (Ill.) Area College
INTENDED STUDENTS:	Medical assistants
ESTIMATED WORKING TIME:	1 hour
MATERIALS NEEDED:	None

FIELD TEST COPY

Prerequisites: Student should have prior knowledge of medical office administrative procedures.

HEALTH INSTRUCTION EXCHANGE
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A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

OBJECTIVES OF UNIT

Overall Objective

The student will prepare a patient information sheet for the physician in a general practice.

Sub-Objectives

1. In a classroom setting, predict, with material presented, the information the physician feels the patient should know as a consumer.
2. In a classroom setting, list information which the patient should know to assist the physician and medical office in meeting the patient's needs.
3. Select the information physicians and medical assistants are asked by patients which can be prepared in a general manner.

PRACTICE EXERCISE #1

Office hours are those regular times that the office is open to the public and the patient can expect to contact the physician/his staff at this regular location.

For example, a sign in the waiting room or at the door might read:

GENERAL PRACTICE

Office Hours

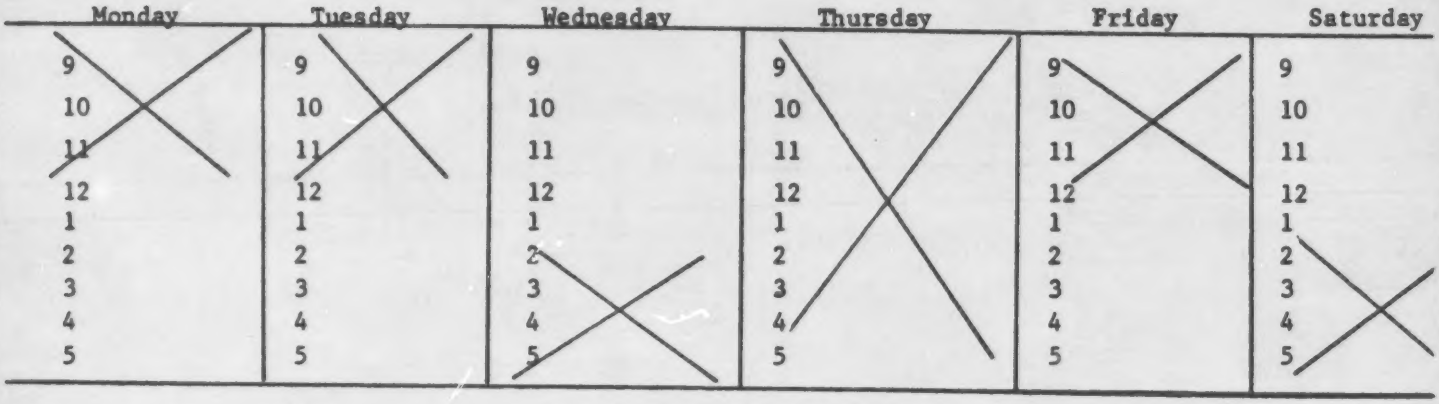
1-5 p.m.	Monday, Tuesday, Friday
9 a.m. - 1 p.m.	Wednesday, Saturday
Closed -	Thursday, Sunday

Practice Question #1

Thinking about what we've discussed at the top of this page and how important it is for the patient, what would you now list as one of the first pieces of information you'd include in your patient information sheet or brochure?

Feedback: Office hours.

According to the office hours scheduled on Page 1, your appointment book looks like this: (you've crossed out the hours not available for appointments.)



Practice Question #1B

a. What hours are available for the medical assistant to complete her administrative functions?

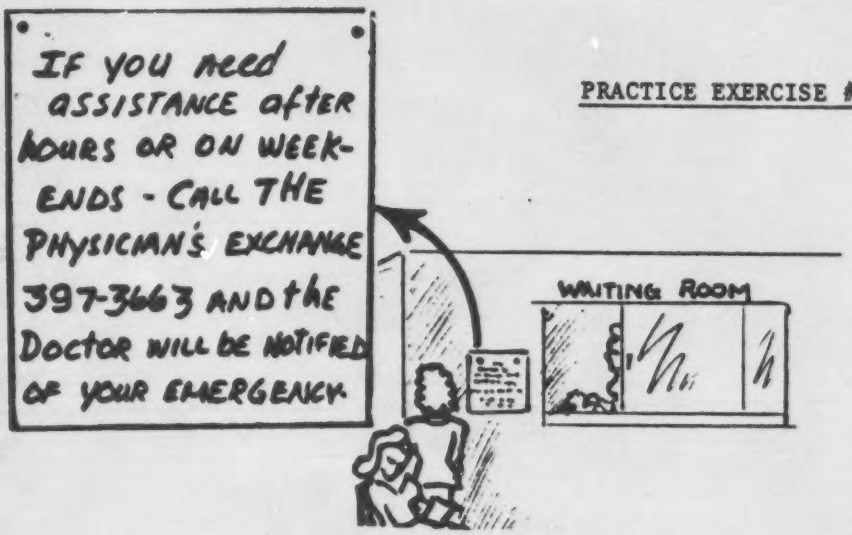
b. When could she schedule a patient who wants a 9 a.m. appointment?

Feedback:

a. You can complete administrative functions in a.m. Monday, Tuesday and Friday, and in the p.m. on Wednesday.

b. Wednesday or Saturday.

PRACTICE EXERCISE #2


IF YOU need ASSISTANCE after HOURS OR ON WEEK-ENDS - CALL THE PHYSICIAN'S EXCHANGE 397-3663 AND the DOCTOR WILL BE NOTIFIED OF YOUR EMERGENCY.
WAITING ROOM

Practice Question #2:

a. Help, who can the patient call when he/she has an immediate problem and the office is closed?

b. How does knowing whom to call after hours and on weekends affect the patient?

c. Should this information be added to the patient information sheet or brochure?

Feedback:

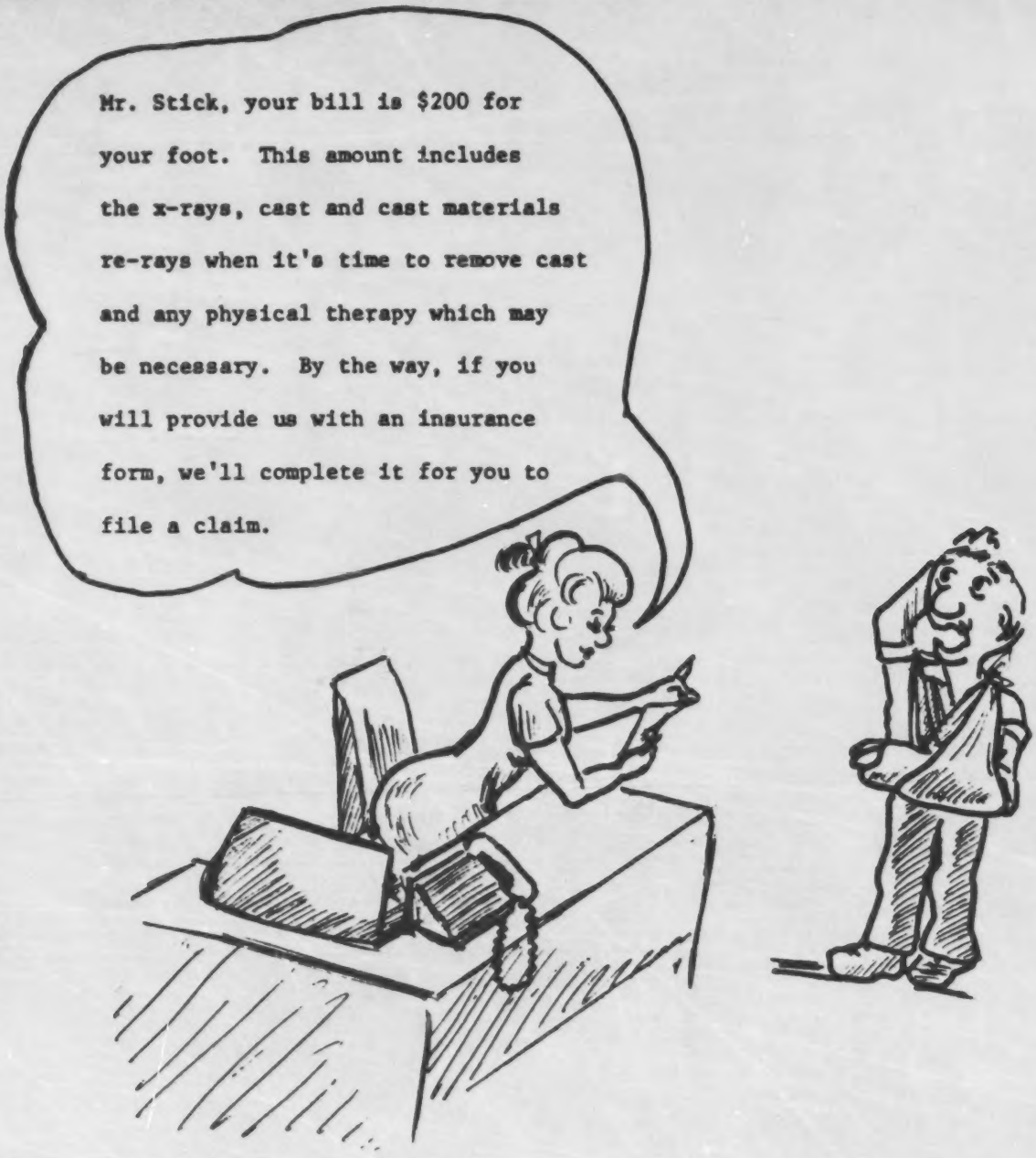
a. Physician's Exchange.

b. Knowing who and where to call increases the patient's confidence in the doctor by implying that the doctor will be available when needed.

c. Yes; now you're really thinking from the patient's viewpoint.

PRACTICE EXERCISE #3

Patients will better understand the total services they are receiving for a flat fee charge when it is explained in terms of total services available for a total fee.


Mr. Stick, your bill is $200 for your foot. This amount includes the x-rays, cast and cast materials re-rays when it's time to remove cast and any physical therapy which may be necessary. By the way, if you will provide us with an insurance form, we'll complete it for you to file a claim.

Practice Question #3

a. For what purpose would a physician want to promote the discussion of fees?

b. As a patient consumer, why would you want to discuss fees?

c. Think a minute before you answer, what might you put in the patient information sheet about fees?

Feedback: a. and b. Both the physician and patient want to make sure the latter understands what the fees are for. The patient may also want help with the insurance forms.

c. How about something like "Feel free to ask any questions of the doctor or the medical assistant at the front desk." ?

PRACTICE EXERCISE #4

Much time spent on calls can be eliminated where a prepared information sheet lists numbers, times, and names that patients should call for specific services.

Hello, I've got an insurance problem
Can you hold Mr. Stick, I'll Transfer you to another extension.
MARY
MR. Stick, I'll check your insurance form and bill. Please call me back at 337-048 between 9-11 A Tomorrow

Practice Question #4

In the above situation, what might you print on the information sheet to save the time of patient and office personnel?

Feedback. Who and when the patient should call when he/she has a non-medical problem.

PRACTICE EXERCISE #5

I'm Mrs. Helen Stone, I fell yesterday, my left knee is swollen and I can't walk too well. I've been taking asprin for the pain. what should I do?

The patient who has a medical problem would not call 337-0489 as in the last illustration. She needs a different number for medical calls.

Practice Question #5

What questions did you ask Mrs. Stone to get the pertinent information she gave in the illustration above?

How would it help you, as a medical assistant, if your patients had some knowledge of your office procedure before they phoned?

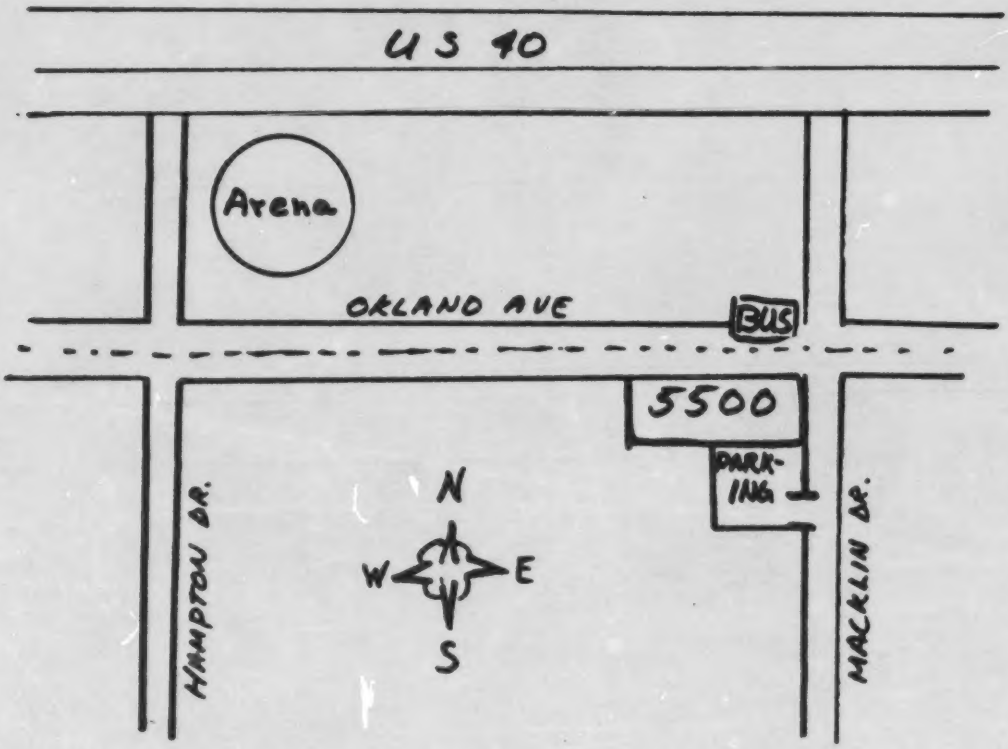
Feedback:

Of course, you identified yourself and then asked Mrs. Stone the questions about her problem, when it occurred, does she have any temperature, is she taking any medication, etc., that elicited the information the doctor needed to know.

This should also give you some more ideas for your patient brochure, like listing the number the patient should call with a medical problem and what answers she/he should have ready when she/he phones. If your patients had such prior knowledge of office procedures, they could certainly help cut down on the amount of time you need to spend on the phone and add to the effectiveness of that time.

PRACTICE EXERCISE #6

A readable map with local landmarks is a convenience for patients and a timesaver for the medical assistant, who would otherwise have to give repeated directions over the telephone.



Notice that the bus stop and parking lot entrance are clearly marked for the patients' convenience.

Practice Question #6

Draw a map for your doctor's office, showing the compass directions and streets clearly. What two important points of transportation information will you include.

Feedback:

Your map will be helpful if you showed the nearest highway and marked the nearby streets clearly, orienting them by compass directions and local landmarks. It's very important that you included these two points of transportation information: 1) bus stop, and 2) parking lot entrance.

PRACTICE EXERCISE #7

Prior knowledge of your office policy helps the patient know what to expect so that he/she can be prepared for same-day payment, complete physical on first visit, etc. Your printed brochure can also supply information on office policy that the patients might otherwise misunderstand, i.e., same day payment holds down billing and mailing costs, thus lowering overall medical costs.

POLICY OF PAYMENT

We prefer payment at the time service is rendered in the office. This does not include surgical and accident services.

Practice Question #7

a. What information might you add to the POLICY OF PAYMENT statement for better public relations?

NEW PATIENTS

- Dr. Jones requires a complete physical on all new patients -

- If you are being referred by another physician, please inform us and bring pertinent medical records -

b. Why will the patient need to know in advance of these policies for new and referred patients?

Feedback:

a. An explanation of how the same-day payment policy keeps down the overhead costs of the office.

b. You may have answered something like, "The patient needs to allow extra time for the complete physical on his first visit." Of course, he needs advance notice so that he'll remember to bring his pertinent medical records if he is a referred patient.

Take a moment to think about what information is important to your doctor, patients, and yourself before you turn the page for a brief Post-Test and the opportunity to write your own brochure.

POST-TEST

1. a) Office hours are those hours when:

   1) Patients are scheduled

   2) The physician is available

   3) The office medical personnel is available

1. b) Physician hours are those hours when:

   1) The patients are scheduled

   2) The physicians is available

   3) The office medical personnel is available

1. c) To contact the physician when it is his day off, the patient can:

   1) Call the physician's exchange

   2) Call the office

   3) Call his home

   4) Wait till the next day

1. d) If the doctor wants to promote discussion of medical fees, he could:

   1) Have his medical assistant question each patient as to their understanding

   2) Discuss medical fees before providing the service

   3) Advise the patient as to with whom to discuss fees

   4) Do not discuss fees unless the medical assistant is unable to collect bills

2. a) When the patient calls the office with an insurance problem, the patient needs to know:

1) What time to make this type of call

2) What information the physician would like to have

3) Whom to talk to concerning the problem

4) When the office staff is available.

2. b) When the patient calls the office concerning a medical problem, the patient needs to know:

1) What information to have available

2) Whom to talk to concerning the problem

3) What time the physician is in the office

4) What time the office is open

3. a) A frequent question which patients ask prior to their initial visit to the doctor's office is:

1) How do I find your building

2) Is there parking available

3) Is the doctor usually on time with his appointments

3. b) The medical assistant can use the information sheet to inform the new patient:

1) That all initial visits require cash

2) That they will be charged if they miss an appointment

3) To bring insurance information at time of initial visit

3. c) The physician prefers that new patients be prepared to have:

1) A complete physical examination

2) All financial information with them

3) An EEG

4) An EKG

4. Prepare a patient information sheet (fictitious if you wish).

KEY TO POST-TEST

1. a) - 3

1. b) - 2

1. c) - 1

1. d) - 3

2. a) - 1, 3

2. b) - 1, 2

3. a) - 1, 2

3. b) - 1

3. c) - 1

4. See sample on following page.

SAMPLE PATIENT INFORMATION SHEET/BROCHURE

BECK COUNTY CLINIC

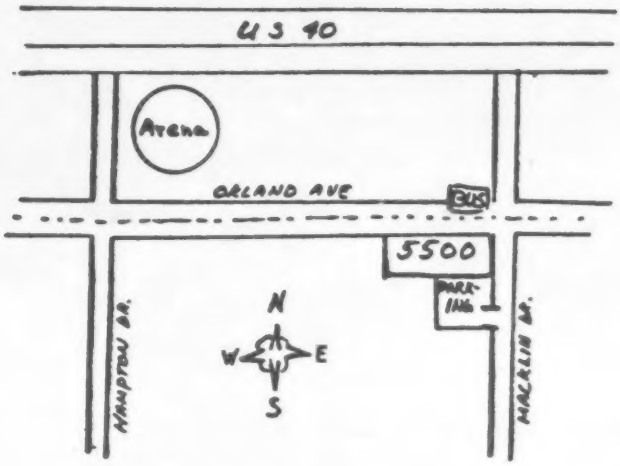
5500 Okland Avenue

Berk, Ill. 60021

131-1111

J. J. Jones, M.D.

E. A. Poe, M.D.



INTRODUCTION

This brochure is designed to answer your questions and to improve your efficiency in providing your medical care. We encourage you to discuss any aspect of care with us.

OFFICE HOURS

Office hours are 9 a.m. to 5 p.m. Monday, Tuesday, Wednesday, and Friday; 1 p.m. to 5 p.m. Thursday; 9 a.m. to 1 p.m. Saturday.

For after-hours or weekend emergencies, you may call the Physician's Exchange, 100-1000, and the doctor will be notified.

APPOINTMENTS

Appointments must be made for follow-up visits as well as new consultations so that we can allott the proper time for each visit. The doctors require a complete physical examination for each new patient.

Patients referred by other physicians should give this information when calling for an appointment and should bring pertinent medical records to the first appointment.

When you call for an appointment, the receptionist or nurse will inquire about your problem, how long you've had it, if you have a temperature. Your information will help us serve you.

Insurance questions should be directed to Mary at 564-0001, 9-11 a.m. daily.

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